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CONFIRMATION NO. 4933

<b>SERIAL NUMBER</b> 10/777,342	<b>FILING OR 371(c) DATE</b> 02/12/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> B0884.70074US01
<b>APPLICANTS</b> Frederic Neftel, Lausanne, SWITZERLAND; <i>One PA</i>				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/331,350 06/17/1999 PAT 6,716,193 <i>yes PA</i>				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE PCT/FR97/02341 12/18/1997 FRANCE FR 96 15551 12/18/1996 <i>yes PA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/11/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Lawrence Green</i> Examiner's signature Initials		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 16 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Lawrence Green Wolf, Greenfield & Sacks, P.C. 600 Atlantic Avenue Boston, MA02210				
<b>TITLE</b> Medical device for injecting liquids				
<b>FILING FEE RECEIVED</b> 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	